

Table of Contents (continued)**Surgery for Congenital Heart Disease (CHD)****1084 Cost-utility analysis of salvage cardiac extracorporeal membrane oxygenation in children***William T. Mahle, MD, Joseph M. Forbess, MD, Paul M. Kirshbom, MD, Angel R. Cuadrado, MD, Janet M. Simsic, MD, and Kirk R. Kanter, MD, Atlanta, Ga*

To examine the cost utility of cardiac ECMO in children, we reviewed the outcome and cost for 32 consecutive children receiving salvage ECMO. The hospital survival was 50%, and the calculated cost utility was \$24,386 per quality-adjusted life-year saved. Salvage cardiac ECMO, therefore, is justified on a cost-utility basis.

1091 Late neurodevelopmental outcome after repair of total anomalous pulmonary venous connection*Paul M. Kirshbom, MD, Thomas B. Flynn, PhD, Robert R. Clancy, MD, Richard F. Ittenbach, PhD, Diane M. Hartman, RN, Stephen M. Paridon, MD, Gil Wernovsky, MD, Thomas L. Spray, MD, and J. William Gaynor, MD, Atlanta, Ga, and Philadelphia, Pa*

The neurodevelopmental status of 30 school-aged survivors of infant total anomalous pulmonary venous connection repair was assessed. Patient scores were significantly less than population norms on tests of fine motor function, visual-motor integration, and attention. This patient population is at risk for late neurodevelopmental abnormalities.

1098 Soluble α_2 -macroglobulin receptor is increased in endotracheal aspirates from infants and children after cardiopulmonary bypass*Eric A. Williams, MD, Richard J. Ing, MB, BCh, Justin P. Hart, PhD, James Jagers, MD, Frank H. Kern, MD, Damian M. Craig, MS, and Salvatore V. Pizzo, MD, PhD, Durham, NC*

CPB contributes to cytokine dysregulation and postoperative systemic inflammation. The cytokine binding protein, α_2 -macroglobulin, and its soluble receptor are increased in endotracheal aspirates after CPB and correlate with a disproportionate increase in pro-inflammatory to anti-inflammatory cytokines in infants and children.

1104 Dysfunction of atrial and B-type natriuretic peptides in congenital univentricular defects*Lena S. Sun, MD, Carmen Dominguez, MD, Navin A. Mallavaram, MD, and Jan M. Quaegebeur, MD, PhD, New York, NY*

Patients with congenital univentricular cardiac defects have abnormal natriuretic peptide function, as evidenced by poor correlation with plasma cGMP. Their perioperative patterns of fluid-regulating hormones favor fluid retention, in contrast to patients with congenital biventricular cardiac defects. The abnormal function in the natriuretic peptide system may be intrinsic to the cardiac defect and may contribute to postoperative fluid retention.

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